

Exhibit A

[Fill in the spaces next to the instructions. Other spaces are for Court use.]
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X
ARUN K AGRAWAL,
[2. Fill in name(s)] Plaintiff(s)

-against-

UNITED HEALTH - OXFORD,
[3. Fill in name(s)] Defendant(s)
-----X

To the Person (s) Named as Defendant(s) above:

PLEASE TAKE NOTICE THAT YOU ARE HEREBY SUMMONED to appear in this action by serving a notice of appearance on the plaintiff(s) at the address set forth below, and to do so within twenty (20) days after the service of this Summons, or within thirty(30) days after service is complete if the Summons is not delivered personally to you within the State of New York.

YOU ARE HEREBY NOTIFIED THAT should you fail to answer or appear, a judgment will be entered against you by default for the relief demanded below.

[4. Date and County papers are signed in]

Dated: 4.7.21
County: NASSAU

[5. Your Signature]

ARUN K AGRAWAL

[6. Your Name] PO BOX 483

600 FRANKLIN AVE

[7. Your Address]

GARDEN CITY, NY 11530

[8. City, State & Zip Code]

576 965 8935

[9. Your Phone Number]

FX 888 292 2373

To the Defendant:

4 RESEARCH DR.

[10. Defendant Address]

SHELTON, CT. 06484

[11. City, State Zip Code]

800 666 1353

[12. Phone Number]

NOTICE: The nature of this action is [13. Insert the type of case against the defendant.]

INS. denied payment for my fees - EMERGENCY SURGERY.
 1. 843620202. C.M. 9316101113 DOB 10.23.19 \$ 18,750.00
 2. 1098389001. 9231202402 8.2.19 \$ 18,500.00
 3. 1253183901 8261201205 8.16.18 \$ 26,500.00
 4. 958795555 AY 86986951 2.01.20 \$ 27,013.83

The relief sought is [14. Describe what you want the Court to grant you.]

MY TOTAL FEES FOR 4 SURGERIES WERE - EMERGENCY
 SURGERY - denied. PL. allow my fees.

Should defendant (s) fail to appear herein, judgment will be entered by default for the sum of [15. Insert the amount of money demanded] \$ 90,763.83 with interest from the date of [16. Insert date from which interest on amount demanded is claimed] 8.16.18 PLUS EXPENSES - FILING FEES, and the costs of this action.

VENUE: Plaintiff designates Nassau County as the place of trial. The basis of this designation is [17. Check one]

- ☒ Plaintiff's Residence in Nassau County
☐ Defendant's Residence in Nassau County
☐ Other _____

[18. Note: This form of summons may not be used in actions for divorce.]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

ARUN K. AGRAWAL,
[20. Fill in name(s)] Plaintiff(s)

[19. Index No. & Year]
Index No. 211000218

-against-

UNITED HEALTH - OXFORD.,
[21. Fill in name(s)] Defendant(s)

-----X

[22. Insert name(s) of papers submitted]

Agrawal
ARUN K. AGRAWAL
[23. YOUR SIGNATURE]

ARUN K. AGRAWAL
[24. PRINT YOUR NAME]

P.O. Box 483
600 FRANKLIN AVE.
[25. YOUR ADDRESS]

GARDEN CITY, NY. 11530
[26. CITY, STATE ZIP CODE]

516 965 8935
[27. YOUR PHONE NUMBER]

Fx 888 292 2373

PRIORITY MAIL
FLAT RATE ENVELOPE
POSTAGE REQUIRED

PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

PRIORITY MAIL

FROM:

ARUN K. AGRAWAL
P.O. Box 483
GARDEN CITY, N.Y. 11530

(restrictions apply).*

international destinations.

insurance required.

exclusions see site

limitations of coverage.

LEGAL

TO:

LEGAL DEPT.
UNITED HEALTH- OXFORD
4 RESEARCH DRIVE
SHELTON, CT 06488

Schedule free Package Pickup,
scan the QR code.



USPS.COM/PICKUP

UNITED STATES POSTAL SERVICE

Retail

US POSTAGE PAID

P

Origin: 11530
04/08/21
3531000530-18

\$7.95

PRIORITY MAIL 2-DAY®

0 Lb 2.10 Oz
1004

EXPECTED DELIVERY DAY: 04/12/21

C008

SHIP

TO:
4 RESEARCH DR
Shelton CT 06484-6280

USPS TRACKING® #



9505 5161 5214 1098 3851 03



PS00001000014

EP14F May 2020

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